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	990-T	Exempt Organization Business Income Tax Return									-	OMB No 1545-0687				
Form	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								2018							
:	· 53	For calendar year 2018 or other tax year beginning 01-01, 2018, and ending 12-31, 20 18							<u>-</u> ·	2010						
	tment of the Treasury	, I										Open to Public Inspection for				
Interna	Check box if	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Name of organization (Check box if name changed and see instructions)										(3), 501(c)(3) Organizations Only Employer Identification number				
<u>^</u>	address changed	Towers Home Care and Rehabilitation and										(Employees' trust, see instructions)				
	mpt under section 501(C) (3)	Print									E 0	271	0161			
\mathbb{H}	501(C) (3) 408(e) 220(e)	Or									59-3719464 E Unrelated business activity code					
H	408A 530(a)	Type City or town, state or province, country, and ZIP or foreign postal code										ctions)				
H	529(a)	Orlando, FL 32801														
	C Book value of all assets F Group exemption number (See instructions.)															
at e	at end of year										1(a) tr	ust	\Box	Other	trust	
Н													unrel	ated		
	rade or business he	_				_	one, co	mplete	— Parts	s I-V	f more th	nan one	e, des	cribe	the	
f	irst in the blank spac	ce at the	end of the previou	s sentence, co	omplete Pa	rts I an	d II, com	plete a	Sche	dule 1	of for each	h addit	ional			
t	rade or business, th	en comp	lete Parts III-V													
1 [During the tax year, v	was the	corporation a subsi	idiary in an affi	ihated grou	p or a	parent-si	ubsidiai	y cor	ntrolled	d group?			▶ [Yes	X No
	f "Yes," enter the na	me and	identifying number	of the parent	corporation	<u> </u>										
	he books are in car					-		Tel	epho	ne nur	nber ▶	(407)	515	<u>-38</u>	23	
Pa			<u>e or Business</u>	Income		,	(A) Incom	e		(B) Exp	enses	nses (C) Net			
1a	•	Gross receipts or sales Less returns and allowances c Balance								-						
b						1c				+	··					
_ 2	Cost of goods sold (Schedule A, line 7)					2	<u> </u>				<u> </u>	·				
) 3 [] 4a	Gross profit, Subtr			· · · · · · · · · · · · · · · · · · ·			3 RECEIVE					<u> </u>				
7	Capital gain net ind		•			4a			<u> </u>	157	<u> </u>	مر البياد ما معاملات ما	9(1			
b	Net gain (loss) (Fo					4b 4c		ų,	1		4 7		 X			
, c	Capital loss deduction for trusts					5		Ē.	-	JUN	A 7 28	?20	S			
. 6				•	•	6			<u> </u>				lä l			
7	·					7			C	XGC	BN.					
8		nrelated debt-financed income (Schedule E)				8		200,000	-							
9		nvestment income of a section 501(c)(7), (9) or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)										_	_			
10	Exploited exempt a															
11	Advertising income	Advertising income (Schedule J)														
12	Other income (See	Other income (See instructions, attach schedule)										_ ·				
13	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '															
Pai			t Taken Elsew	•							ctions.)	(Exc	ept 1	for c	ontribu	utions,
			t be directly co													
14	Compensation of o			•	•								14			
₹ 5 €	Salaries and wage												15			
Æ.	Repairs and maint											_	16			
17.	Bad debts Interest (attach sch												17			
,18	Taxes and licenses												18 19			
20	Charitable contribu												20			
21	Depreciation (attac			•								. ⊢	+			
63	Less depreciation												2b			
23													23			
2 4	Depletion											24				
₹	Employee benefit												25			
4) 14 1 (CHANAPOS	Excess exempt ex	_										_	26			
27	Excess readership												27			
28	Other deductions (28			
29	Total deductions												29			
30	Unrelated busines		-									_	30			
31	Deduction for net of		-		-		-	•					31			
32	Unrelated busines	s taxable	e income Subtract	line 31_from lii	ne 30 <u></u>		<u></u>	<u> , .</u>		· · ·		. 3	32			

Form	990-T (2	(018) Towers Home Care and	Rehabilitation and	d Rehab	5	9-3719464	P	age 2
Pai	rt III	Total Unrelated Business Taxable	Income					
33	Total of	unrelated business taxable income computed	from all unrelated trades or b	ousinesses (see				
	ınstructio	ons)				33		
34 (Amount	s paid for disallowed fringes				34		
35	Deduction	on for net operating loss arising in tax years be						
	instruction	ons)	35					
36		unrelated business taxable income before spe						
	of lines	33 and 34	36					
37		deduction (Generally \$1,000, but see line 37 in		37				
38		ed business taxable income. Subtract line 3						
	enter the		38		0			
Pai		Tax Computation	<u></u>			•		
39		rations Taxable as Corporations. Multiply lir	ne 38 by 21% (0 21)		•	39		
40	_	Taxable at Trust Rates. See instructions for t						
		F	r Schedule D (Form 104		•	40		
41	Proxy t	ax. See instructions	_			41	-	
42	-	ve minimum tax (trusts only)				42		
43		Non-Compliant Facility Income. See instruc				43		
44		dd lines 41, 42 and 43 to line 39 or 40, which				44		
Pai		Tax and Payments		<u> </u>		L		
45a		tax credit (corporations attach Form 1118, trus	ts attach Form 1116)	. 45a				
b	•		· · · · · · · · · · · · · · · · · · ·					
С		business credit Attach Form 3800 (see instruc						
d		or prior year minimum tax (attach Form 8801 or	•					
е		redits. Add lines 45a through 45d				45e		
46		line 45e from line 44				46		
47		es Check if from Form 4255 Form 86		47				
48		x. Add lines 46 and 47 (see instructions)		48				
49		t 965 tax liability paid from Form 965-A or Form				49		
50 a		ts A 2017 overpayment credited to 2018		1 1				
b		tmated tax payments						
С		osited with Form 8868						
d		organizations Tax paid or withheld at source (
е	-	withholding (see instructions)	•					
f		or small employer health insurance premiums (A						
g		edits, adjustments, and payments Form	· · · · · · · · · · · · · · · · · · ·			j		
	Form	4136 X Other	1,619 Total ▶	50g	1,619	_		
51		ayments. Add lines 50a through 50g				51	1,	619
52	Estimate	ed tax penalty (see instructions) Check if Form	2220 is attached		. ▶ □	52		
53		e. If line 51 is less than the total of lines 48, 49				53		
54		yment. If line 51 is larger than the total of line				54	1,	619
55	Enter th	e amount of line 54 you want Credited to 20	ded ►	55	1,	619		
Pai	t VI	Statements Regarding Certain Act	ivities and Other Info	rmation (see inst	ructions)			
56		me during the 2018 calendar year, did the orga					Yes	No
	over a fi	nancial account (bank, secunties, or other) in a	a foreign country? If "Yes," the	e organization may ha	ve to file			
	FinCEN	Form 114, Report of Foreign Bank and Finance	al Accounts If "Yes," enter t	he name of the foreigr	country		_]
	here ▶							X
57	Dunng t	he tax year, did the organization receive a distri	bution from, or was it the gra	ntor of, or transferor to	o, a foreign	trust?		X
	If "Yes,"	see instructions for other forms the organization	n may have to file					
58		e amount of tax-exempt interest received or ac		▶ \$				1
	Under	penalties of perjury, I declare that have examined this return	n, including accompanying schedules	and statements, and to the I	est of my know	vledge and belief, it is	;	
Sigi	Sign true, confect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							
	Here RUWWA OG 06/04/200 CEO May the IRS of with the prepa							
		ature of officer	Date Title			(see instructions)?		X No
		Print/Type preparer's name Preparer	's signature	Date	Check	if PTIN		
Paid	ł	Michael Ray		06-03-2020	self-employed	P0034	6890	
Preparer		Firm's name > OSHN	·					
,	Only	Firm's address > 300 East Church St						
		Orlando FL 32801	407-515-3882					